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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001774 (7)
1. Corporation Name

SHADOW GREEN II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

565 SHADOW WOOD LANE
TITUSVILLE FL 32780
US

565 SHADOW WOOD LANE
TITUSVILLE FL 32780
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

59-3102086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

LONG, BARBARA
3113 NEW FOUND HBR. DR.
MERRITT ISL. FL 32952

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDT
NAME ANDREWS, ARTHUR
STREET ADDRESS 565 SHADOW WOOD LN #325
CITY-ST-ZIP TITUSVILLE FL 32780 ☒ DELETE

TITLE VD
NAME SHOEMAKER, JOHN B
STREET ADDRESS 503 N. ORLANDO AVE.
CITY-ST-ZIP COCOA BEACH FL 32932 ☐ DELETE

TITLE S
NAME CARROLL, ELIZBETH
STREET ADDRESS 565 SHADOW WOOD LN. #313
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ DELETE

TITLE TD
NAME LONG, BARBARA
STREET ADDRESS 3113 NEW FOUND HBR. DR.
CITY-ST-ZIP MERRITT ISL. FL 32952 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ANDREWS, ARTHUR ☒ Change ☐ Addition
1.3 STREET ADDRESS 565 SHADOW WOOD LN. # 325
1.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

2.1 TITLE D
2.2 NAME OBRECHT, ALBERT ☐ Change ☒ Addition
2.3 STREET ADDRESS 565 SHADOW WOOD LN. # 315
2.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

3.1 TITLE PD
3.2 NAME BERNIER, ROBERT ☐ Change ☒ Addition
3.3 STREET ADDRESS 565 SHADOW WOOD LN. # 331
3.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Bernier

4/22/98

CR2E037 (10/97)